



REQUEST FOR QUOTATIONS

Staffing of Mobile or Community COVID-19 Testing Sites, COVID-19 PCR Testing and Reporting Services, COVID-19 Congregate Facility Testing Team, or COVID-19 ICAR Strike Team

LOUISIANA DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH

RFQ # LDH-RFQ-STIKE TEAMS

Release Date: Friday, May 15, 2020

**Response Due Date/Time:
Tuesday, May 19, 2020 - 12:00 PM CT**

IMPORTANT DISCLAIMERS

This Request for Quotations (RFQ) is to obtain information and costs for planning purposes and does not guarantee an award. This information will be reviewed and discussed by LDH may or may not result in an award of a contract/purchase order. The Louisiana Department of Health reserves the right to make multiple awards, as deemed in the best interest of the State.

Only information which is in the nature of legitimate trade secrets or non-published financial data may be deemed proprietary or confidential. Any material within a response to this RFQ identified as such must be clearly marked and will be handled in accordance with the Louisiana Public Records Act. R.S. 44:1-44 and applicable rules and regulations. Any response marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.

TABLE OF CONTENTS

Contents

1. GENERAL INFORMATION	4
1.1 Background	4
1.2 Purpose of RFQ	4
1.3 Project Overview	4
2. ADMINISTRATIVE INFORMATION	5
2.1 RFQ Coordinator.....	5
2.2 Schedule of Events	5
2.3 Response Content	5
2.3.1 Executive Summary	5
2.3.2 Corporate Background and Experience	5
2.3.3 Approach and Methodology	5
2.3.4 Cost Estimate	6
2.3.5 Insurance Requirements.....	6
2.3.6 Reporting Requirements	6
2.4 Response Instructions.....	6
2.4.1. Response Submittal.....	6
2.5 Additional Instructions and Notifications to Responders	6
2.5.1 RFQ Addenda/Cancellation	6
2.5.2 Ownership of Response	7
2.5.3 Cost of Preparation	7
ATTACHMENT I - SCOPE OF SERVICES	8
1. Staffing of Mobile or Community COVID-19 Testing Sites	8
2. COVID-19 Polymerase Chain Reaction (PCR) Testing and Reporting Services.....	8
3. COVID-19 Congregate Facility Testing Team.....	9
4. COVID-19 ICAR (Infection Control Assessment and Response) Strike Team	9
ATTACHMENT 2 – SCHEDULE OF APPLICABLE FEES AND MINIMUM STAFFING.....	10
ATTACHMENT 3 – LDH REGIONAL MAP.....	14

1. GENERAL INFORMATION

1.1 Background

The Louisiana Department of Health, (LDH), is committed to improving the health and COVID-19 response of the State of Louisiana (State) to its citizens. The COVID-19 virus pandemic has resulted in unparalleled challenges to populations and cities across the world and the healthcare system at large. The continuing impact of the COVID-19 virus' widespread transmission is expected to be ongoing despite extensive precautionary efforts to eradicate the virus in our communities.

COVID-19 will continue to threaten social, economic and health initiatives without rampant polymerase chain reaction (PCR) testing in our communities. LDH seeks information and pricing from this noncompetitive Request for Quotations (RFQ) to determine whether a vendor has the capability to provide PCR COVID-19 testing services with the augmentation of staff personnel to administer and manage testing in mobile and community testing sites established throughout the State and to provide adequate lab processing of test specimens. This RFQ also seeks facility provider strike teams that will be made available up to seven (7) days per week to eliminate COVID-19 "hot spots" through virus isolation by identifying positive cases early to prevent further viral spread.

The COVID-19 testing and strike teams should consist of both clinical and administrative staff necessary to ensure successful outcomes and ensure accurate testing services, processing of test specimens services, reporting of COVID-19 data to the State, and infection control as appropriate. The vendor shall share, at the request of the State, appropriate safeguards, geo-mapping and other significant data from parish, municipal and local government bodies to assist in determining "hot spots" for PCR testing as part of a long-term approach to COVID-19 eradication.

1.2 Purpose of RFQ

The purpose of this RFQ is to gather information and cost estimates from potential organizations, individuals, or volunteers that can provide: Staffing of Mobile or Community COVID-19 Testing Sites, COVID-19 PCR Testing and Reporting Services, COVID-19 Congregate Facility Testing Team, or COVID-19 ICAR Strike Team.

LDH specifically encourages responses for any one or, potentially, all of the categories of services more fully detailed in Attachment 1 – Scope of Services.

1.3 Project Overview

Attachment 1: Scope of Work details the overview of the project requirements inclusive of deliverables and/or desired results that the State is considering.

2. ADMINISTRATIVE INFORMATION

2.1 RFQ Coordinator

The RFQ coordinator listed below shall be the LDH's point of contact for this RFQ:

Jacques Molaison
Attorney
Louisiana Department of Health, Bureau of Legal Services
628 N 4th St, Baton Rouge, LA 70802
225-342-1119
Jacques.Molaison@la.gov

2.2 Schedule of Events

Activity/Event	Date
Public notice of RFQ	05/15/2020
Deadline for receipt of electronic RFQ responses (<i><u>12:00pm CT on date listed here</u></i>)	05/19/2020

Note: LDH reserves the right to deviate from this Schedule of Events as it deems appropriate.

2.3 Response Content

2.3.1 Executive Summary

This section should serve to introduce the scope of the response. It should include administrative information including, at a minimum, responder's contact name and phone number, email address and any other pertinent contact information. This section should also include a summary of the responder's qualifications and ability and willingness to comply with the State's requirements.

2.3.2 Corporate Background and Experience

The responder should give a brief description of the company including a brief history, corporate structure and organization and number of years in business. Responders should also describe their experience with projects of this type with other states or corporate/governmental entities of comparable size and diversity.

2.3.3 Approach and Methodology

The responder should provide approach and methodology recommended to accomplish the services included in Attachment 1: Scope of Services. Responders should address any or all of the major categories of services included in the Scope of Services for which they have pertinent information. In providing their information, responders clearly to address whether their responses addresses a service for a specific region of the state or statewide approach.

Best practices garnered from previous experience with this scope of services should be described. Provide a list of issues/concerns that were not taken into consideration in the Scope of Services described herein that

you think is important for the agency to consider. Provide alternative solutions for accomplishing the project objectives, if applicable, and any other additional pertinent information.

2.3.4 Cost Estimate

Responders should provide an estimate of cost associated with a response offered in the Approach and Methodology section above. The estimated cost shall not exceed the maximum cost listed on Attachment 2. All costs should be calculated on a daily rate and inclusive of all travel and project expenses. Rates should be based on a 10 hour day.

A schedule of maximum applicable fees and minimum staffing are attached to this RFQ as **Attachment 2**.

2.3.5 Insurance Requirements

Responders should provide a detailed discussion workers' compensation, general liability, and medical malpractice policies.

2.3.6 Reporting Requirements

In the event LDH decides to enter into a contract following this RFQ, responders will be required provide activity logs, timesheets, or other reports as required by LDH. Frequency and type will be determined at the time of award.

2.4 Response Instructions

2.4.1. Response Submittal

Responders interested in providing information requested by this RFQ must submit responses containing the information specified no later than the deadline for response to RFQ as stated in the Schedule of Events.

The responses must be received by **electronic** copy only to Jacques.Molaison@la.gov on or before the date and time specified in the Schedule of Events. E-mail submissions are the only acceptable method of delivery. Fax, mail, and courier delivery shall not be acceptable. Responders should allow sufficient time to ensure receipt of their e-mailed proposal by the time specified in the Schedule of Events.

Responses received after the deadline, corrupted files, and incomplete submissions (e.g. Part 1 and Part 2 of 3 are received, but Part 3 is not) will not be considered.

2.5 Additional Instructions and Notifications to Responders

2.5.1 RFQ Addenda/Cancellation

The State reserves the right to revise any part of the RFQ by issuing an addendum to the RFQ at any time. Issuance of this RFQ, or subsequent addendum, (if any) does not constitute a commitment by the State to enter into a contract/purchase order. The Louisiana Department of Health reserves the right to enter into

multiple contracts, as deemed in the best interest of the State. In addition, the State may cancel this informal process at any time, without penalty.

2.5.2 Ownership of Response

The materials submitted in response to this request shall become the property of the State.

2.5.3 Cost of Preparation

The State shall not be liable for any costs incurred by responders associated with developing the response, preparing for discussions (if any) or any other costs, incurred by the responder associated with this RFQ.

ATTACHMENT 1 - SCOPE OF SERVICES

1. Staffing of Mobile or Community COVID-19 Testing Sites

LDH is seeking information from responders on staffing of mobile or community COVID-19 diagnostic testing sites. All responses should address the following concerns: number, manner, method, and makeup of their proposed teams as well as the anticipated geographic locations of their services (statewide or state region).

Additional information that should be included in a response:

- PPE requirements (provider must provide PPE);
- Administrative and insurance invoicing methodology;
- Qualification of the anticipated medical staff;
- Patient registration, intake protocols, and any required paperwork for cataloguing testing; and
- Procurement and/or supply of COVID-19 specimen collection kits.

2. COVID-19 Polymerase Chain Reaction (PCR) Testing and Reporting Services

LDH is seeking information from responders on their capabilities to quickly, efficiently, and correctly test and report Polymerase Chain Reaction (PCR) results.

Additional information that should be included in a response:

- PPE requirements (provider must provide PPE);
- Administrative and insurance invoicing methodology;
- Qualification of the anticipated medical staff, specifically including the Clinical Laboratory Director;
- Geographic regions for offered services (Regions or Statewide);
- Supply chain status for COVID specimen collection kits and a description of all collection media and collection devices acceptable for use;
- Provide description of the equipment and reagents used for COVID-19 RT-PCR analysis;
- Supply chain and procurement status for reagents and supplies;
- Describe any increase in capacity for COVID-19 testing planned in the next 60 days;
- Electronic reporting protocols and methodology to both the provider/patient and to the State's epidemiology department;
- Current and anticipated turn-around-times for sample reporting from receipt of the sample at the laboratory;
- Demonstrate current accreditation certification with the Centers for Medicare and Medicaid Services (CMS) under the Clinical Laboratory Improvement Amendment of 1988 (CLIA);
- Provide the Laboratory Director's qualification documentation for review;
- Electronic and paper test requisition processes and protocols;
- Courier Services available;
- Days and hours of operations; and
- The number of PCR tests a responder can perform daily.

3. COVID-19 Congregate Facility Testing Team

LDH is seeking information from responders on their capabilities to provide functional and efficient COVID-19 Facility Strike Teams to be deployed to battle COVID-19 congregate settings as needed. Congregate setting locations including but not limited to nursing homes, intermediate care facilities, group homes, jails, prisons, state facilities, adult residential care providers including assisted living, and homeless shelters.

Additional information that should be included in a response if applicable (based on the type of responder):

- PPE requirements (provider must provide PPE);
- Administrative and insurance invoicing methodology;
- Qualification of the anticipated medical staff;
- Geographic regions for offered services (Regions or Statewide);
- Procurement and/or supply of specimen collection kits;
- Patient registration, intake protocols, any required paperwork for cataloguing testing, and outreach protocols for reporting of test results to the recipients and the facility; and

4. COVID-19 ICAR (Infection Control Assessment and Response) Strike Team

LDH is seeking information from responders on their capabilities to provide functional and efficient COVID-19 ICAR Strike Teams to be deployed to battle COVID-19 by conducting infection-control assessments onsite at facilities. Infection-control teams provide information, tools, and resources to control and prevent the spread of COVID19 in healthcare settings.

Infection-control assessments are conducted onsite at facilities and include review of safety and cleaning practices, visitor restrictions, monitoring and screening of residents and staff, PPE use, and a plan for resident cohorting based on positivity rates. Information is also provided regarding state quality improvement initiatives related to surveillance, patient safety, and infection prevention.

It should be noted that a single member of the team may be needed or a whole team may be needed. Therefore, organizations may respond with a price for a whole team and/or per team member.

Additional information that should be included in a response if applicable (based on the type of responder):

- PPE requirements (provider must provide PPE);
- Administrative and insurance invoicing methodology;
- Qualification of the anticipated medical staff;
- Geographic regions for offered services (Regions or Statewide);

ATTACHMENT 2 – **SCHEDULE OF APPLICABLE FEES AND MINIMUM STAFFING**

Community / Mobile Testing Team

Basic Minimum Requirements – Community / Mobile Testing Team

1. A licensed practical nurse (LPN), or equivalent approved, in writing, by OPH that is authorized to conduct COVID-19 testing. The Contracting entity is responsible for any necessary training in the conduct of testing.
2. A site supervisor that is a registered nurse (RN), or equivalent approved, in writing, by OPH that will provide site supervision. This individual, if properly trained by the Contracting Entity, may also conduct testing at the testing location.
3. An administrative assistant that will be tasked with patient registration, intake protocols, any necessary paperwork required for testing, and outreach protocols for test result communications. This individual is expressly required to document any possible insurance coverage that the recipient may have and communicate all information to their billing department for proper billing of private insurance, Medicare, or Medicaid.
4. A medical director that is a practicing physician in good standing and available for any necessary consultation with the onsite testing members of the team. This individual must be available by telephone while the testing team is onsite and conducting testing pursuant to this CEA.

Congregate Facility Testing Team

Basic Minimum Requirements – Congregate Facility Testing Team

1. Three (3) licensed practical nurses (LPN), or equivalents approved in writing by OPH that are authorized to conduct COVID-19 testing. The Contracting Entity is responsible for any training that is required to assure this staff can properly conduct testing.
2. A registered nurse (RN) that will serve as site supervisor that will provide overall supervision of the on-site congregate facility testing team. This individual shall not conduct testing at the facility location but is charged with comprehensive supervision of team activities. This supervision shall include, but is not limited to, helping to assure that the above reference LPNs are properly adhering to testing protocols, assuring that all strike team members are utilizing the appropriate PPE, assuring the administrative staff is properly following intake / outtake protocols and recipient registration, and assuring that the team is adhering to infection control protocols.
3. An administrative assistant that will be tasked with patient registration, intake protocols, any required paperwork for cataloguing testing, and outreach protocols for reporting of test results to the recipients and the facility. This individual is expressly required to document any possible insurance coverage that the recipient may have and communicate all information to their billing department for proper billing of private insurance, Medicare, or Medicaid.
4. A practicing physician in good standing that will serve as Medical Director of the strike team. This individual will be required to be onsite at the provider location with the strike team at all times and will be responsible for all medical decisions that the team needs to make during the assignment.

COVID-19 ICAR (Infection Control Assessment and Response) Strike Team

Basic Minimum Requirements – ICAR Team

1. A Registered Nurse, or equivalent approved by OPH, with demonstrated infection control experience.
2. Epidemiologist with infection-control knowledge
3. Sanitarian

For the ICAR team, LDH may choose to contract for an entire team or an individual member as detailed in the price schedule below.

Testing Process and Procedure for Laboratories

In order to provide testing services, the Contracting Entity must adhere to minimum requirements as follows:

1. The entity must provide for the provision and distribution of Covid-19 testing collection kits, the appropriate laboratory staff, with appropriate PPE, to conduct the diagnostic portion of testing, and any and all laboratory equipment needed to complete the test.
2. The Contracting Entity's lab shall remain fully accredited by an accrediting body that is approved by the Clinical Laboratory Improvement Act (CLIA) of 1988 standards. A copy of this accreditation shall be produced to LDH for this CEA to be effective.
3. The Contracting Entity must have a Lab Director that is certified by a Health and Human Services (HHS) approved board and have a current clinical laboratory personnel license from the Louisiana State Board of Medical Examiners (LSBME). Contracting Entity must provide proof of this qualifications before this contract is effective. The Contracting Entity shall notify LDH of any vacancy of this position within two business days of such vacancy.
4. The Contracting Entity's Covid-19 laboratory must consist of both clinical and administrative staff necessary to ensure appropriate lab services, reporting of results, and data flow.
5. Prior to commencing diagnostic testing in a lab, the Contracting Entity must provide LDH technical information detailing the testing platform and instrumentation equipment that will be utilized in performing extraction and Real-time Polymerase Chain Reaction (PCR) analysis. The Contracting Entity shall also provide the Emergency Use Agreement (EUA) approval for the applicable testing systems. If another platform is to be substituted, the Contracting Entity must provide LDH prior written notice with the information above.
6. Within 24 hours of notification by LDH of a specific test collection site, the Contracting Entity shall begin communication with the testing site to begin the process of distributing test collection kits and training to the testing site staff as necessary. The Contracting Entity is required to provide a continuous supply of any testing kits that may be necessary at the applicable testing site.
7. The Contracting Entity shall be available by phone or email to answer any questions from, or to provide guidance to, the staff at the testing site.
8. If the Contracting Entity will be utilizing a courier service to transport testing specimens, the Contractor is expressly responsible for ensuring specimen integrity through monitoring of handling protocols and temperature conditions. If the Contracting Entity will not be providing a courier service, they are responsible for notifying the testing site staff about the proper pickup and storage protocols for specimens.
9. All laboratory testing shall be completed and reported to LDH within 24 hours, if possible, to LDH. However, the Contracting Entity agrees to complete all testing and reporting to LDH within 72 hours of the specimen's arrival at the lab. In the event that a testing result is not obtained and reported to LDH within the 72 hour timeline, the Contracting Entity agrees to accept 50% of the amounts detailed

in Attachment D. The laboratory shall have protocols and procedures in place to adequately document the specimen's time of arrival and time of report to LDH. LDH will NOT be responsible for reimbursing for any test that is not completed and reported within 120 hours of the specimen's time of arrival at the laboratory site. If the Contracting Entity is unable, utilizing good faith efforts, to acquire test reagents, or other required testing material, they shall immediately notify LDH of the issue and the parties MAY agree to a temporary extension. This is at the discretion of LDH.

10. The Contracting Entity must offer a process for test requisition that meets the requirements of 42 CFR 493.1241. Specifically, LDH requires the following information be solicited:
 - a. Name and address, or other suitable identifiers, of the authorized person requesting the test and, if appropriate, the individual responsible for using the test results, or the name and address of the entity submitting the specimen, including a contact person to enable the reporting of any imminently life threatening laboratory results or panic or alert values.
 - b. The patient's name or unique identifier
 - c. The sex, age, and date of birth of the patient. LDH also strongly urges the collection of race and ethnicity so LDH can help ensure health equity
 - d. The test(s) to be performed
 - e. The source of the specimen, when appropriate
 - f. The date and time of specimen collection
 - g. Any additional information relevant and necessary for a specific test to ensure accurate and timely testing and reporting of results, including interpretation, if applicable
11. If the laboratory transcribes or enters test requisition or authorization information into a record system or a laboratory information system, the laboratory must ensure the information is transcribed accurately.
12. The test requisition process may be conducted electronically; however, the Contracting Entity must include the option for a traditional paper requisition.
13. Upon the occurrence of an inconclusive or apparent invalid testing result, the Contracting Entity shall immediately review the analysis data and, if re-extraction is indicated, they shall require re-extraction of the original sample. Contracting Entity shall NOT simply repeat an analysis of the same extracted sample.
14. If the sample specimen has been rejected and/or testing is otherwise impossible, the Contracting Entity shall ensure that all appropriate steps are completed to obtain a new sample and a timely test is completed. The Contracting Entity shall NOT invoice LDH for any test that results in a rejected sample.
15. The Contracting Entity shall report all results electronically to the State's epidemiology department through the state electronic laboratory reporting protocol. The Contracting Entity shall provide LDH, on a timeline communicated by LDH, with information as follows:
 - a. The number of collection kits issued
 - b. The number of samples received for testing
 - c. The number of samples rejected, with a rejection %
 - d. The number of samples tested
 - e. The average "turn around" time for testing
16. Upon receipt of the results, the Contracting Entity shall ensure the provider, or the requesting individual, is notified of the result within 24 hours of the report to LDH. Except for the reporting expressly mentioned herein, the Contracting Entity shall NOT report any results, even de-identified, to any other party unless directed by LDH.

Maximum Reimbursement

- \$2,750 per day, which is inclusive of all costs, per LDH/OPH approved community / mobile testing team
- \$4,207 per day, which is inclusive of all costs, per LDH/OPH approved congregate facility testing team
- \$1,450 per day, which is inclusive of all costs and final reports, per LDH/OPH approved ICAR teams
- \$100 per completed PCR test by a laboratory meeting the above requirements and who has a CEA with LDH/OPH (with courier services)
- \$80 per completed PCR test by a laboratory meeting the above requirements and who has a CEA with LDH/OPH (without courier services)
- \$50 per completed antibody test that is approved for use by LDH/OPH and which is conducted by a laboratory meeting the above requirements and who has a CEA with LDH/OPH. The price will be reduced to \$30 if the entity does not provide courier services.

*Any partial days (less than 10 hours) will be prorated at an hourly rate.

Potential “Add-on” Supporting Personnel For ICAR Teams Only (s/j to LDH/OPH approval)

- | | |
|---|------------------|
| • Registered Nurse | \$48.00 per hour |
| • Epidemiologist with infection-control knowledge | \$38.50 per hour |
| • Sanitarian | \$28.50 per hour |

ATTACHMENT 3 – LDH REGIONAL MAP

